

Name
in
Full

Julia Ann Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Edesville Town Kent County

MARYLAND

Date of death 1905 Month Nov Day 13 Years 71 Age 71 Months — Days —

Sex Female Color or Race Black

Birth-place Ind

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband William H Beck

Father's Name Not Known

Father's Birthplace

Mother's Maiden Name Charlotte Strubley

Mother's Birthplace

Name of person giving Information Charlotte Floyd

How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis

110

How long

Immediate Uremia

How long

Are the name, age, sex, color, date and place correctly given above?

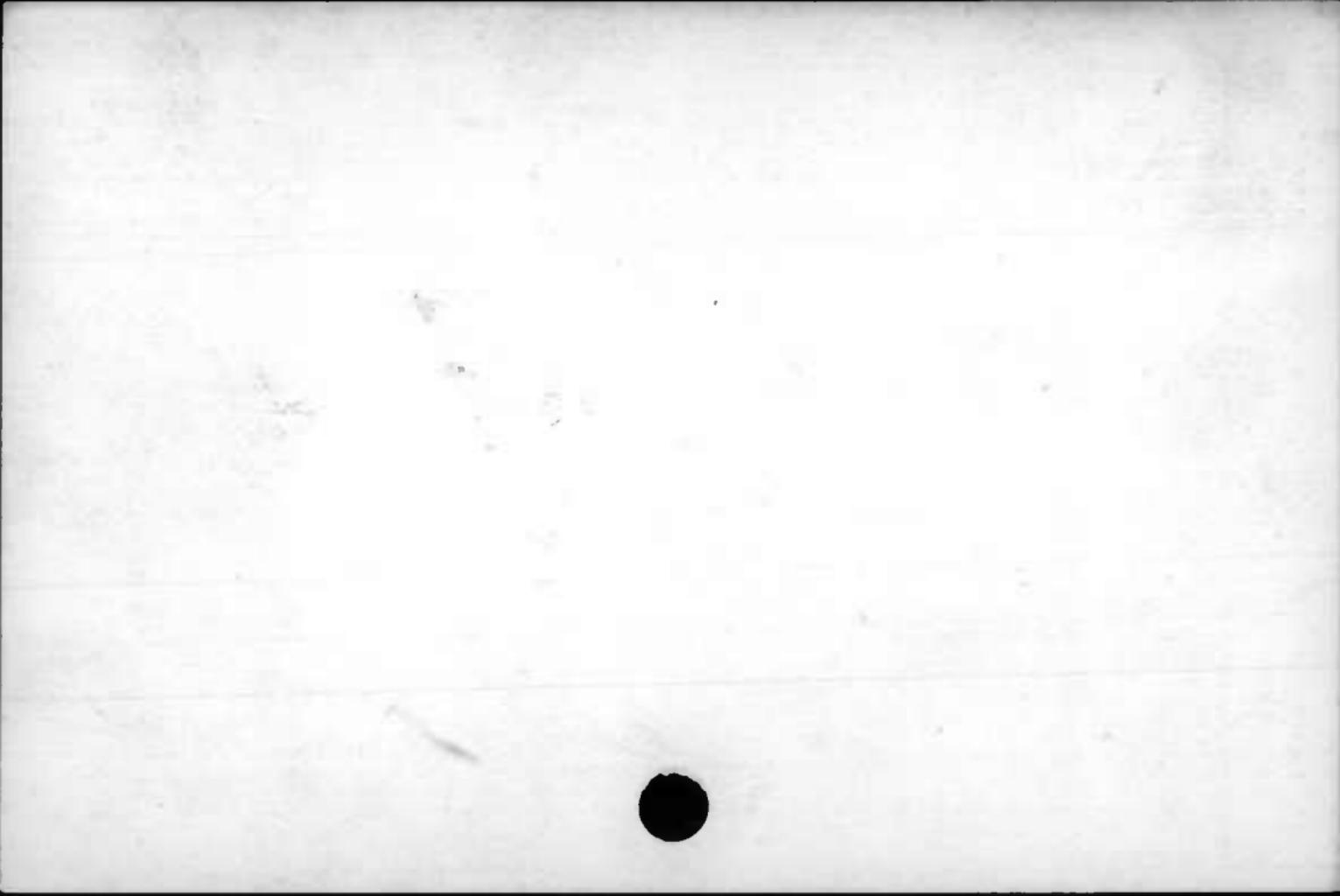
Signature of Physician

Wm H. Beall M.D.

Address

Rock Hall Ind

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Rosa Viala Blackburn

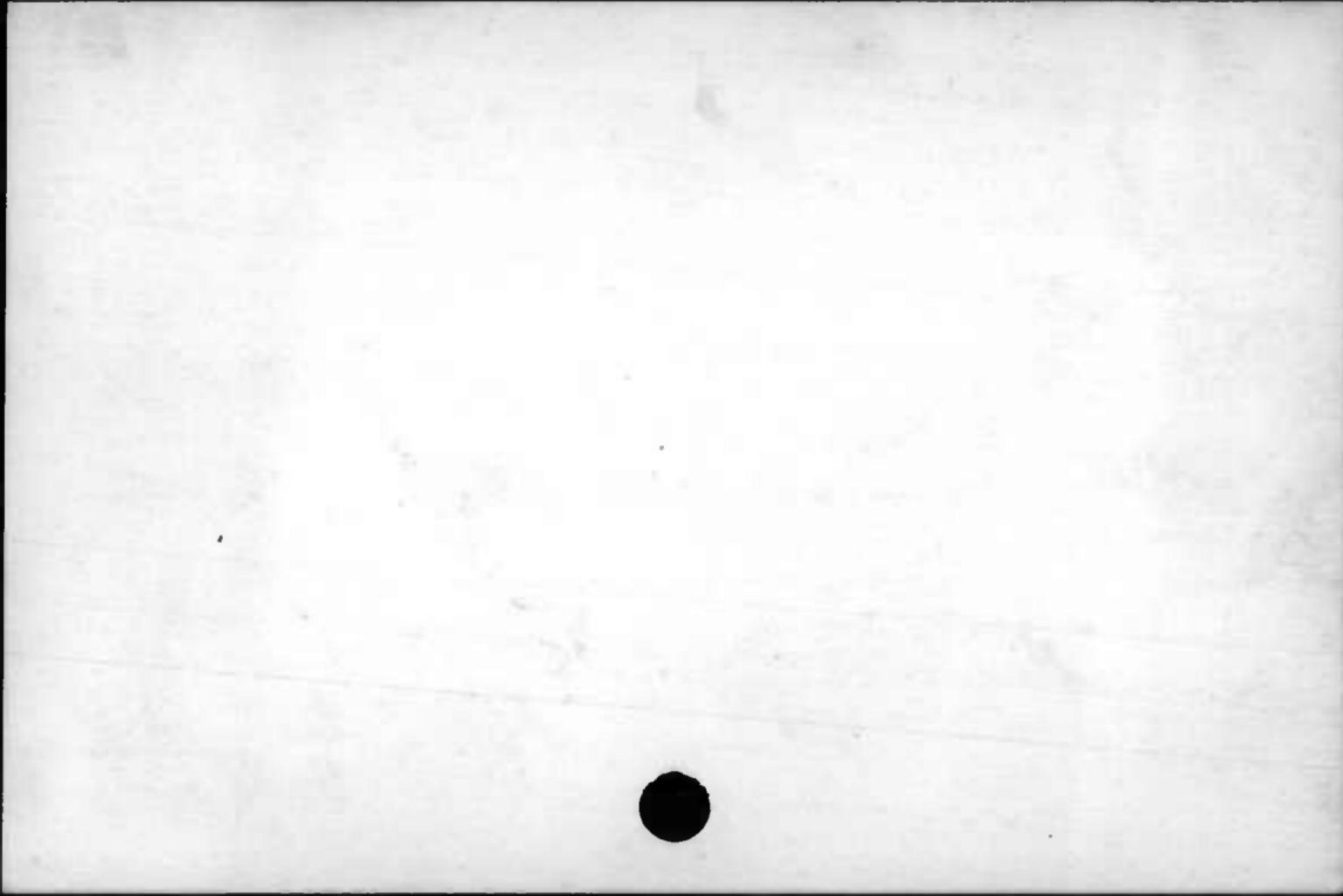
CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	girl	Color or Race	white -	Birth-place	Piney Woods	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		✓			
Father's Name	✓ R. Blackburn		✓		Father's Birthplace	Calvert Co
Mother's Maiden Name	Ella Webb		✓		Mother's Birthplace	Kent Co
Name of person giving Information	✓ R. Blackburn		✓		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Purulent Retinitis & conjunctivitis		How long	3 months
Immediate	Blood Purim.		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. C. Ogleby, M.D.	
		Address	Rock Hall Md.	
Accident or Suicide?				



Name
in
Full

Clarence Blackburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pinne Neck Near Rock Hall Kent-

MARYLAND

Date of death 190	Month Nov	Day 17	Years Age 4	Months 3	Days
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Sex Male	Color or Race White	Birth-place Mee
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Occupation	Where Residing if not at place of death
------------	---

Married, Single or Widowed	Name of Wife or Husband
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Father's Name Bolander R Blackburn	Father's Birthplace Mee
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Mother's Maiden Name Ella Webb	Mother's Birthplace Mee
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Name of person giving information Bolander Blackburn	How related to deceased Father
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CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Laryngitis

Immediate Suffocation

Are the name, age, sex, color, date and place correctly given above?

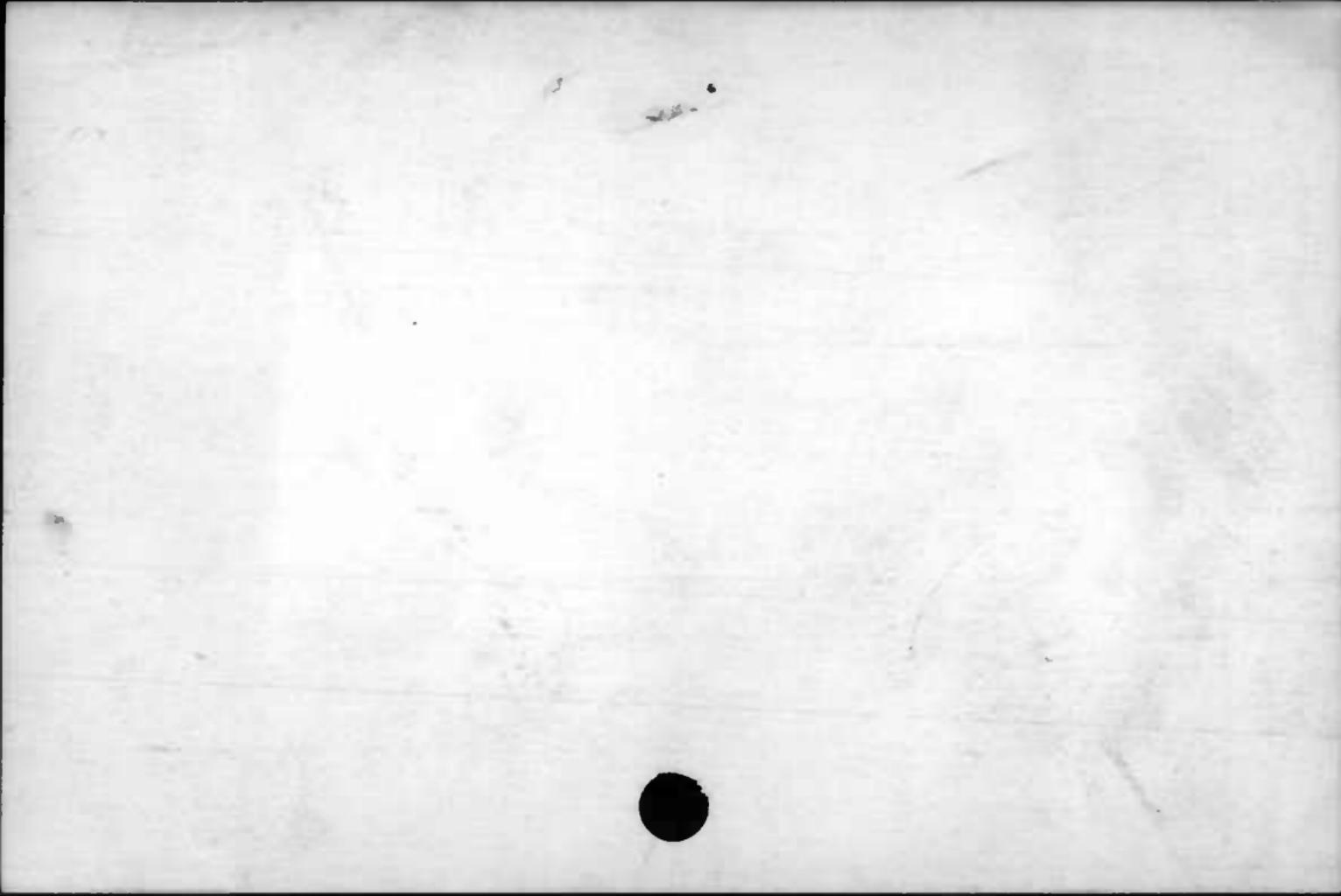
Yes

Signature of Physician

Address

J. C. O'lesky M.D.
Rock Hall MD

Accident or Suicide?



Name
in
Full

Hayward Comegy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month Nov	Day 7	Years	Months	Days	
Sex	Male	Color or Race	Col	Birth-place Kent Co Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single		Hayes Comegy					
Father's Name		Name of Wife or Husband		Father's Birthplace Kent Co Ma			
Mother's Maiden Name		Martha Freeman		Mother's Birthplace Kent Co Ma			
Name of person giving information		Martha Comegy		How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Indigestion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John H. Keeney
Worson Md

Accident or Suicide?

J E Ferguson

Malabar

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Robert Henry

CERTIFICATE OF DEATH

Died at <u>Chestertown</u> Twp		County <u>Kent</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>28</u>	Age	Years	Months
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chestertown</u>			
Occupation		Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Bro. Elmer</u>	Father's Birthplace <u>Shell Pond Md</u>			
Mother's Maiden Name	<u>Ida Gitter</u>	Mother's Birthplace <u>Baltimore</u>			
Name of person giving information	<u>Bro Elmer</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

5 days

Immediate

Meningitis

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. Bringe Simmons

Address

Chestertown Md.

Accident or Suicide?

No

Stee Pond

Name
in
Full

Still Born - Haddaway

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Near Still Pond	Kent	Months	Days	
Date of death	1905	Month Nov	Day 7	Years	
Sex	Female	Color or Race	White	Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	William Haddaway			Father's Birthplace	MD
Mother's Maiden Name	Emma Grisier			Mother's Birthplace	MD
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Still born. S. How long

Immediate S. How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. S. Maxwell.
Still Pond, Md.

Accident or Suicide?

Union church

Name
in
Full

Still Born Baby Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Still Pond</u>		Town	County <u>Hanover</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>29</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>			Father's Name <u>Carson W. Harris</u>	Father's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Anna Franklin</u>			Mother's Name <u>Anna Franklin</u>		Mother's Birthplace <u>Md.</u>	
Name of person giving Information <u>Mrs. Franklin</u>			How related to deceased <u>Grandmother</u>		Grandmother	

CAUSES OF DEATH

Primary <u>Still birth.</u>	<u>S.</u>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?	yes,	Signature of Physician <u>Wm. S. Maxwell.</u>
		Address <u>Still Pond, Md.</u>

Accident or Suicide?

Still Pond

Name
in
Full

Clarence B Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Recess Conn	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Robert Harris					
Mother's Maiden Name	Annie Harris					
Name of person giving information	Annie Harris					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Bond Chapple Cemetery
John N. Dodd
undertaker

Name
in
Full

Susan Ann Hutchins.

CERTIFICATE OF DEATH

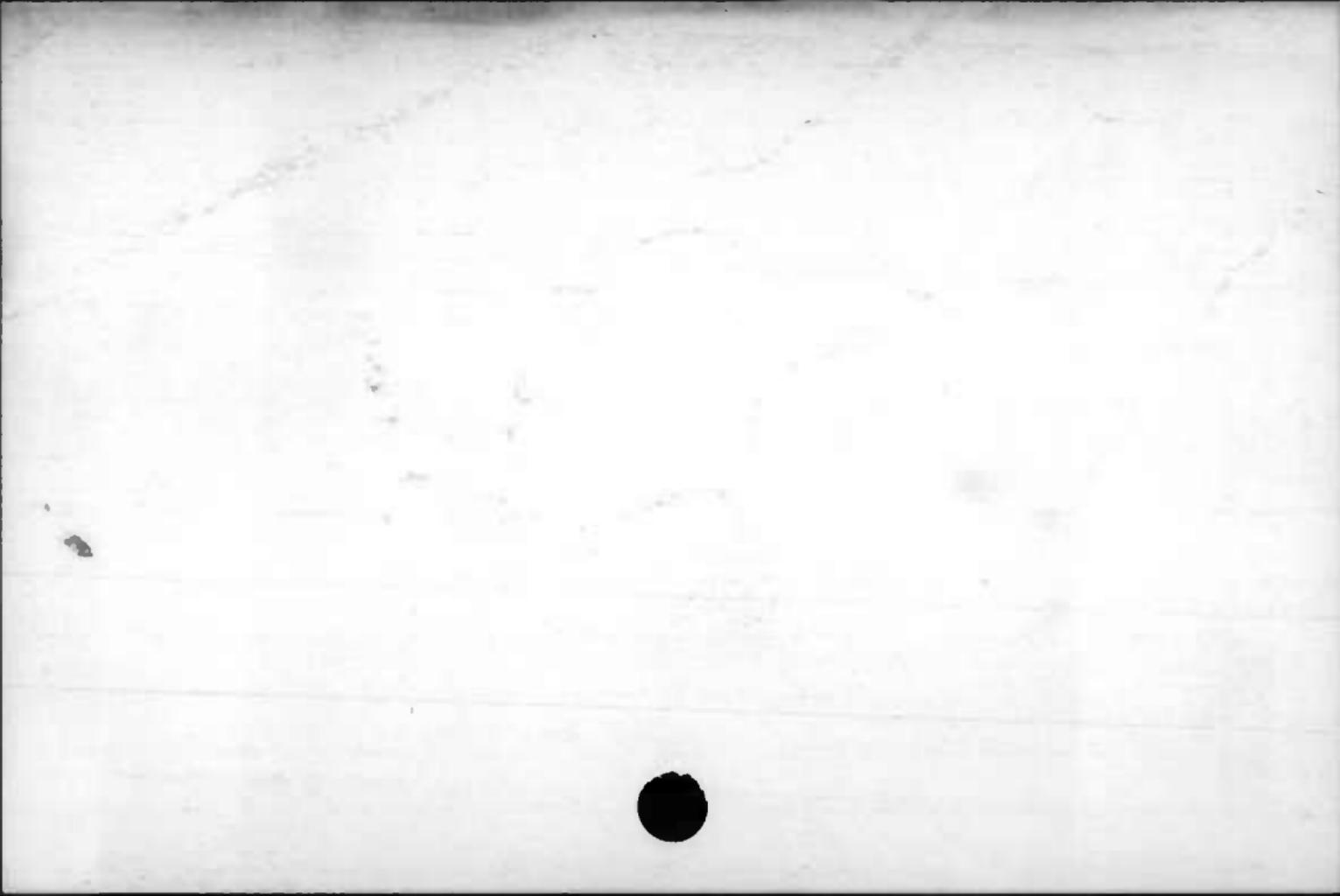
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u>		County <u>Kent.</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>26</u>	Years <u>84</u>	Months <u>5</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Queen Anne Co.</u>			
Occupation <u>Unemployed</u>	Where Residing if not at place of death <u>Chestertown Md.</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Henry Gardner</u>	Father's Birthplace <u>Do not know.</u>				
Mother's Maiden Name <u>Caroline Fracker</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving Information <u>Chas. Dorsey</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular insufficiency of heart</u>	How long <u>6 years, please.</u>
Immediate	<u>"</u>	How long <u>Died very suddenly</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>W. B. George Simmons</u>
		Address <u>Chestertown, Md</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Emma Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Chestertown Kent County _____
Date of death 1905 Month Nov. Day 11 Years _____
Age _____ Months _____ Days 10

Sex Female Color or Race Caucasian Birth-place Chestertown

Occupation _____

Where Residing if not
at place of death _____

Married, Single
or Widowed _____

Name of Wife or
Husband _____

Father's
Name Walter Johnson

Father's
Birthplace Md.

Mother's
Maiden Name Susan Wilson

Mother's
Birthplace Md.

Name of person giving
Information Walter Johnson

How related
to deceased Father

CAUSES OF DEATH

Primary Short Gestation period How long _____
16 days.

Immediate Incubation How long _____

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician H. L. Doad

Address Chestertown

Accident or Suicide?

Clementz

Name
in
Full

Edward Lusby

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Nov, 13	Day	Years 57	Months	Days
Sex	Male	Color or Race	White	Birth- place	Md.	
Occupation	Farmer		Where Residing if not at place of death	Lydia Lusby (Jacobs)		
Married, Single or Widowed	Married	Name of Wife or Husband	Lydia Lusby (Jacobs)			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. L. Dow &
Chesterfield

Accident or Suicide?

• Chester Cemetery
John W. Dodd
Undertaker

Name
in
Full

Mrs Florence Peace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Galena	County Kent	MARYLAND	
Date of death	Month 1905 - Nov	Day 28	Years 29	Months 8
Sex	Female	Color or Race White	Birth-place Kent Co., Md.	Days 10
Occupation	Housewife		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife Husband	Frank Peace		
Father's Name	Washington Custer		Father's Birthplace Kent Co., Md.	
Mother's Maiden Name	Mary E. Rodgers		Mother's Birthplace Kent Co., Md.	
Name of person giving Information	George Simpler		How related to deceased	Step Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	
Immediate	61	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Edward A. Scott,
		Address Galena, Md.
Accident or Suicide?		

Still Pond

Name
in
Full

Paul Gustav Roehl

CERTIFICATE OF DEATH

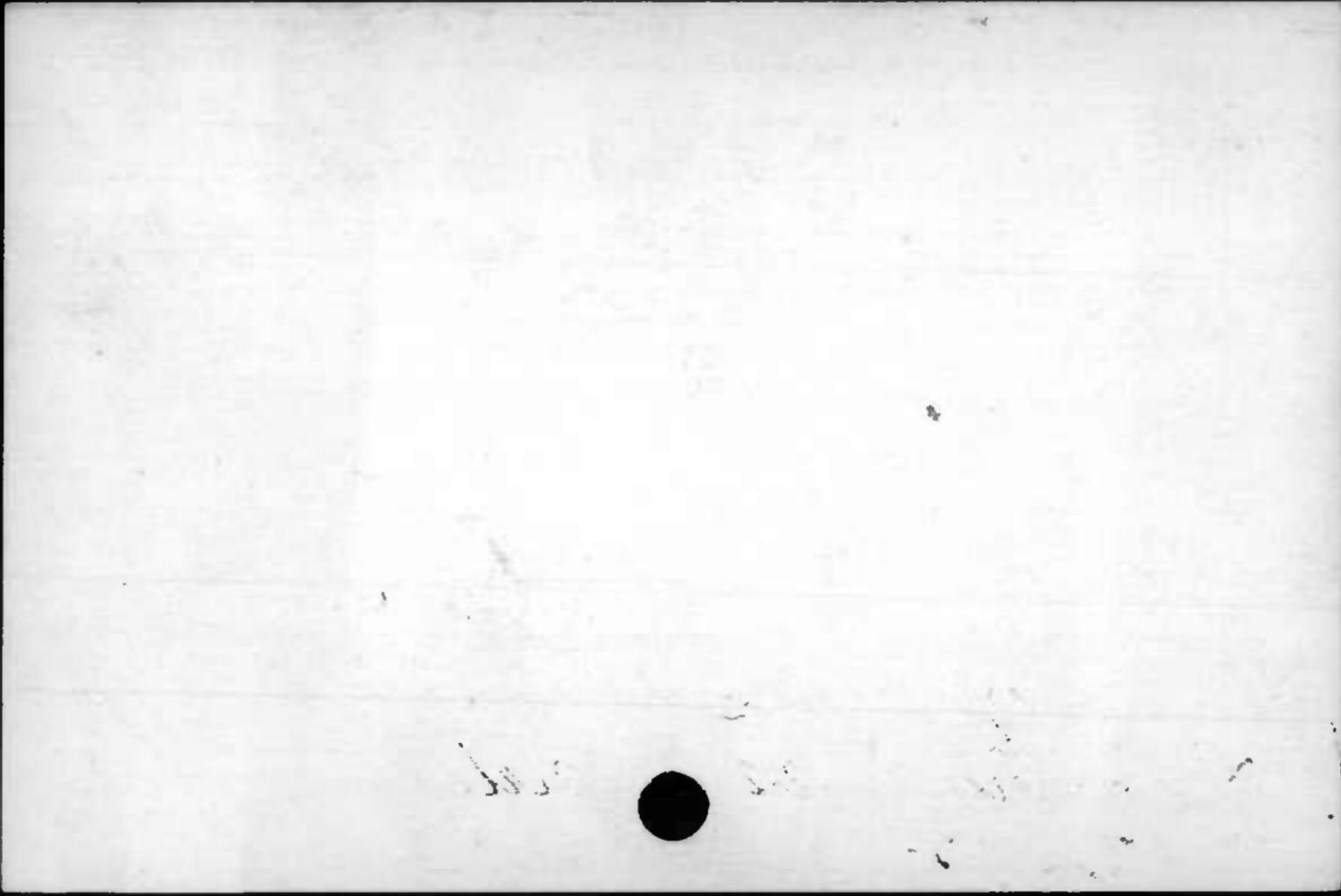
TO BE ANSWERED BY
NEAREST FRIEND

Died at Rock Hall		Town Rock Hall		County Kent		MARYLAND			
Date of death 1903	Month Nov	Day 9	Years Age	12	Months 3	Days 1			
Sex Male	Color or Race White				Birth- place Kent Co Md				
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Name of Wife or Husband								
Father's Name Karl	Roehl		Father's Birthplace German		German				
Mother's Maiden Name Agusta Gnushka			Mother's Birthplace German		German				
Name of person giving Information Karl Roehl			How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Laryngitis	How long 3 days
Immediate Edema of Glottis	How long 12 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.W. Beall M.D.
	Address Rock Hall Md
Accident or Suicide?	



Name
in
Full

Emule Linsay Saulsbury

CERTIFICATE OF DEATH

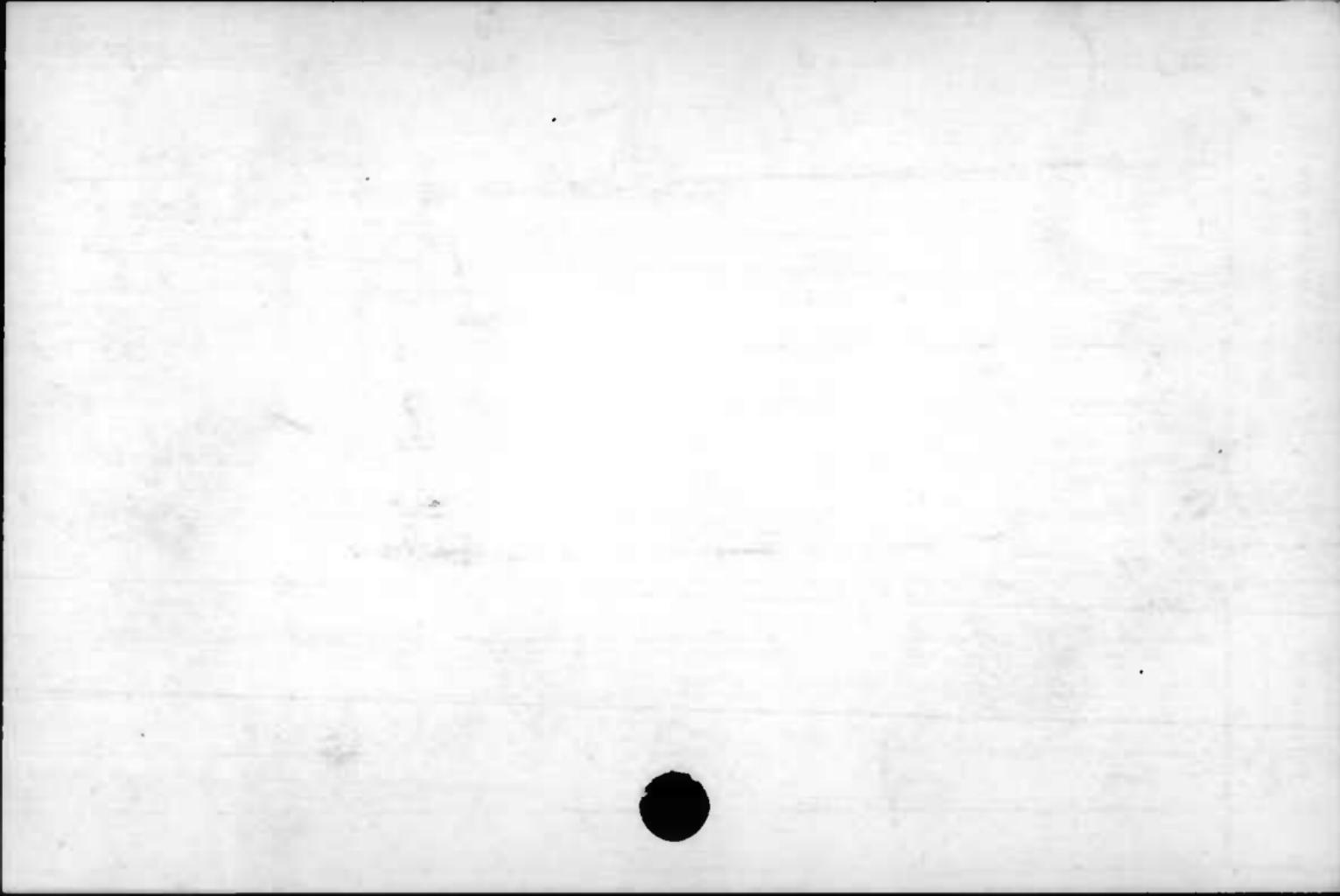
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Rock Hall</u>		Town <u>Rock Hall</u> County <u>Kent</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Nov</u>	Day <u>13</u>	Age <u>43</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Bertha Nordhoff</u>					
Father's Name <u>Alfred. S Saulsbury</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Lucas Linsay</u>	Mother's Birthplace					
Name of person giving information <u>Bertha Nordhoff</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>3 years</u>
Immediate <u>Nephritis</u>	How long <u>10 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm F. Baall M.D.</u>
	Address <u>Rock Hall Md</u>
Accident or Suicide?	



Name
in
Full

Ella Swell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Harmony</u>		County <u>West Ga</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>9</u>	Years <u>28</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Kosciusko</u>				
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Harmony</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Henry Swell</u>	Father's Birthplace <u>Md</u>				
Father's Name <u>John Cauk</u>	Mother's Birthplace <u>Md</u>				Mother's Maiden Name <u>Ellen Wright</u>	
Name of person giving information <u>Muriel Swell</u>	Name of person related to deceased <u>sister-in-law</u>					

CAUSES OF DEATH

Primary

Acute Indigestion



How long

two days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

S. J. Barwick

Address

Accident or Suicide?

Morgan Neck.

Name
in
Full

Rodona Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Birth-place	
Occupation	Housewood		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John Jordan		
Father's Name	Ward Morris			Father's Birthplace	Del.
Mother's Maiden Name	Betsy Morris.			Mother's Birthplace	Del.
Name of person giving information	John Jordan			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Endocarditis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

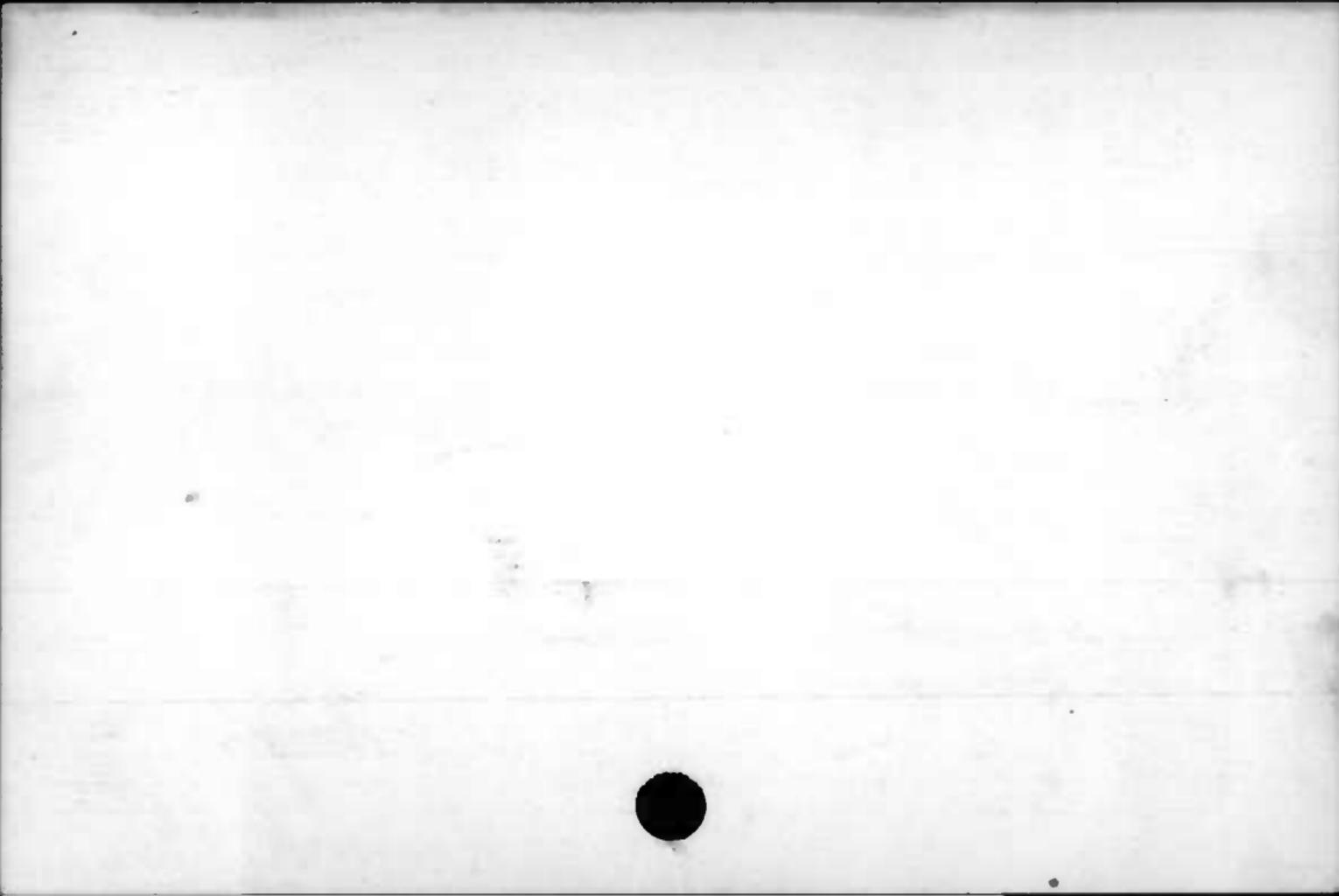
Frank A. Smith

Jenilee

MD

Accident or Suicide?

Accident



Name
in
Full

Weldon George Susco

CERTIFICATE OF DEATH

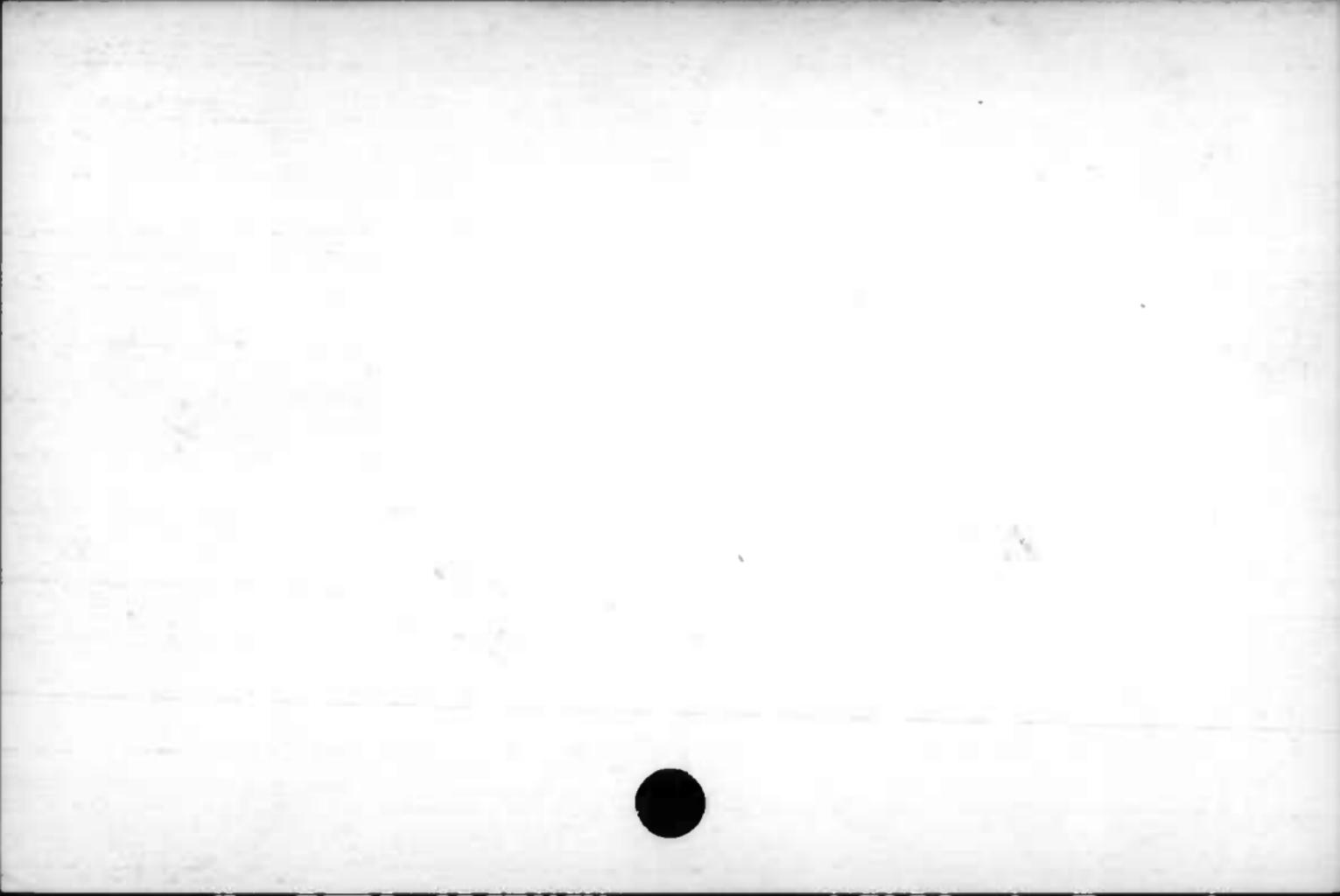
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Rock Hall	Town	County	MARYLAND		
Date of death	1905	Month Nov	Day 28	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	Kent Co Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Joseph Susco		Father's Birthplace			
Mother's Maiden Name	Mary A Brewbridge		Mother's Birthplace			
Name of person giving information	Joseph Susco		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long
Immediate	Exhaustion		6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. W. Beall M.D.
		Address	Rock Hall Md
Accident or Suicide?			



Name
in
Full

Paul Lorain Thomsley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Sassafraz	County Kent	MARYLAND	
Date of death	Month Nov	Day 10	Years 0	Months 3
Sex	male	Color or Race White American	Birth-place Sassafraz Md	Days 0
Occupation	Where Residing if not at place of death Sassafraz Md			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	J. R. Thomsley		Father's Birthplace Sassafraz Md	
Mother's Maiden Name	Ida B. Morris		Mother's Birthplace Galena Md	
Name of person giving information	J. R. Thomsley		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hysterectomy

✓ 9

How long

Since Birth

Immediate

Marasmus

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. R. Thomsley

Harwood Md

Accident or Suicide?

No

Name
in
Full

Samuel Todd.

CERTIFICATE OF DEATH

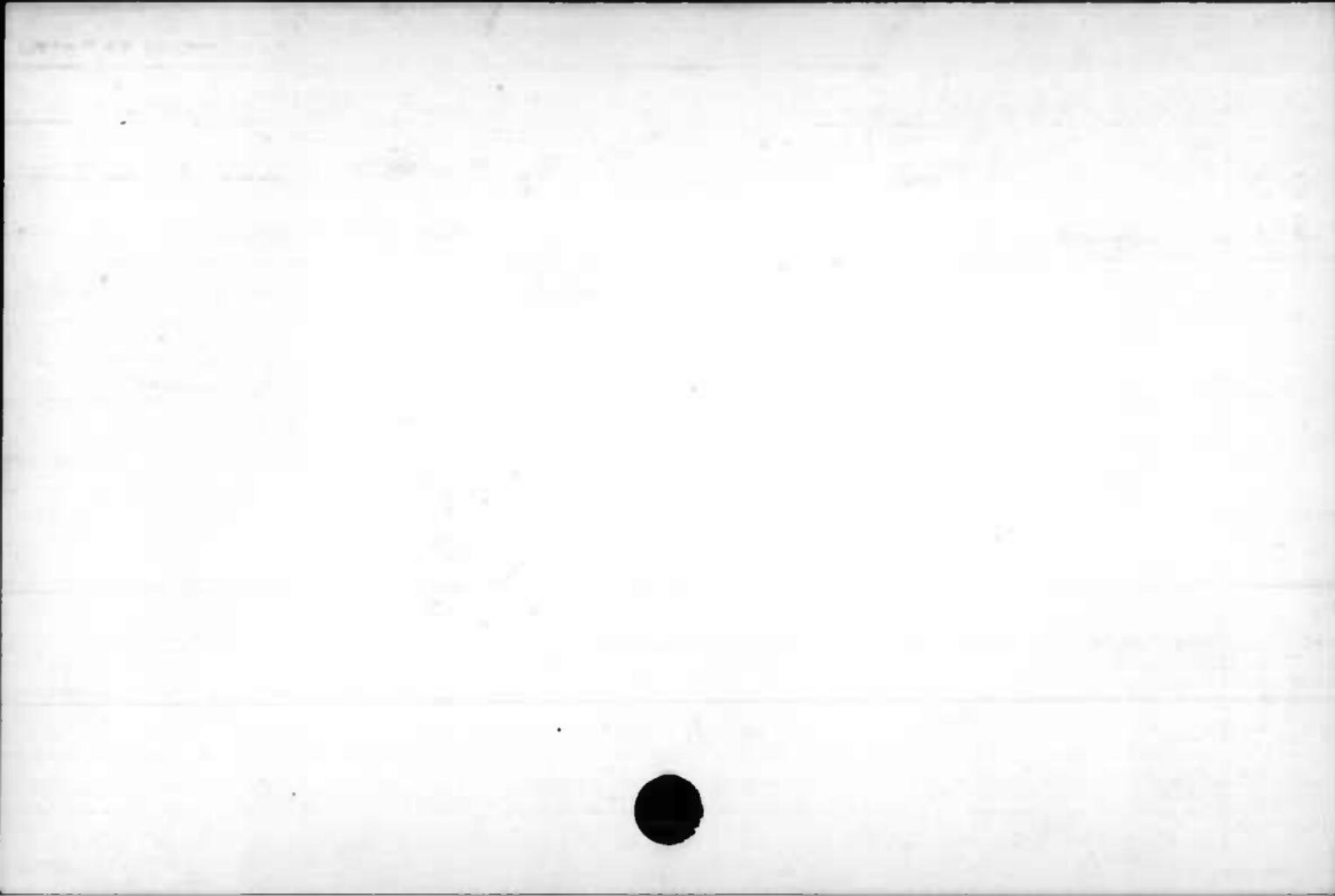
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Kent		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1905	Nov.	13	Age	74	9	10	
Sex	Male	Color or Race	White	Birth-place			
Occupation	Farmer	Where Residing if not at place of death			Sarah A. Ireland		
Married, Single or Widowed	Married	Name of Wife or	Sarah A. Ireland			Ireland	
Father's Name	William Todd	Father's Birthplace			Ireland		
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information	S. Harry Todd	How related to deceased			Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart disease		How long	3 or 4 years
Immediate	Oedema of Lungs		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward A. Scott.	
		Address	Glenwood, Md.	
Accident or Suicide?	No			



Name
in
Full

William Alexander Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Eduville <small>Town</small>		County Kent		MARYLAND	
Date of death 1905	Month Nov	Day 13	Years 18	Months	Days
Sex Male	Color or Race Black	Birth-place Maryland			
Occupation Laborer		Where Residing if not at place of death Eduville Kent Co. Md.			
Married, Single or Widowed	Name of Wife or Husband _____				
Single					
Father's Name Louis Henry Ward	Father's Birthplace Maryland				
Mother's Maiden Name Lucy Priscilla Brown	Mother's Birthplace Maryland				
Name of person giving information Father	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption of Lung.

How long

Seven Months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

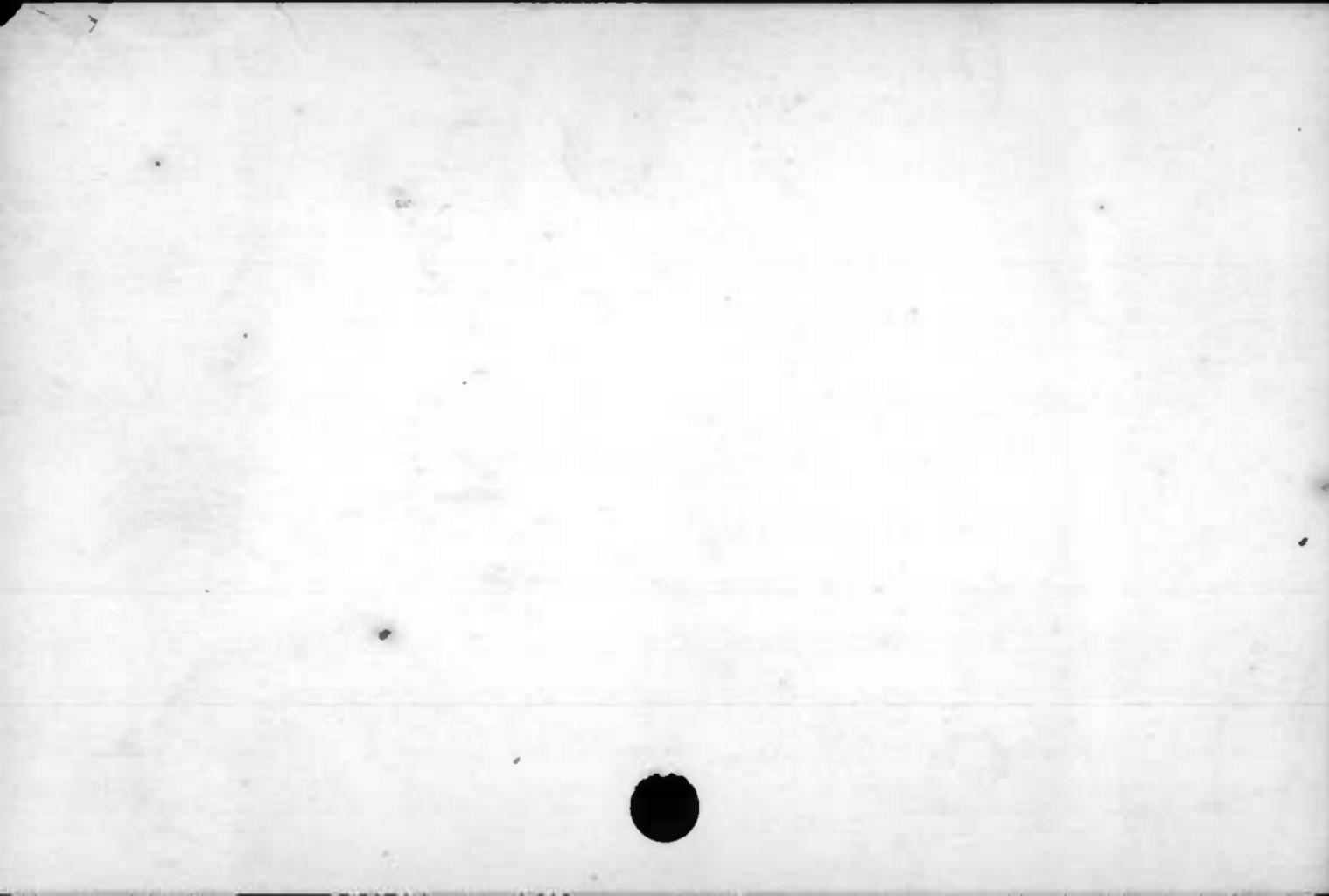
Chas. R. Wilson

Address

Eduville

Accident or Suicide?

Kent Co. Md.



Name
in
Full

Emma Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905 Nov	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored		Birth-place	Pomona Md.	
Occupation	Housewife		Where Residing if not at place of death		Near Chestertown		
Married, Single or Widowed	Married	Name of Wife or Husband	Washington Williams		Father's Birthplace	Kent Co Md	
Father's Name	Jacob Houston				Mother's Birthplace	Kent Co "	
Mother's Maiden Name	Magiah Brown		118		How related to deceased	Husband	
Name of person giving Information	Washington Williams						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis following child-birth; no physician	How long	2 weeks
Immediate	Peritonitis - Septic	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Bangs Simmons
Yrs		Address	Chestertown Md
Accident or Suicide?		No	

Quaker Neck
Ferguson

Name
in
Full

Mary Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millington</u>		County <u>Kent</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>22</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place			
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Millington</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Senile Dementia~~



How long

3 months

Immediate

~~Exhaustion~~

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C P Townman MD

Millington Md.

Accident or Suicide?

